

## DECLARATION COMBINED WITH POWER OF ATTORNEY

Attorney Docket No. 7499/VB

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Premoistened Wipe with Residual Antimicrobial Activity the specification of which

(check ☐ is attached hereto.  
 one) ☒ was filed on 14 June 1999 as United States Application No. or  
 PCT International Application Serial No. PCT/IB99/01101  
 and was amended on \_\_\_\_\_

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35 United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)Priority Claimed

			Yes	No
60/127,399	US	01 April 1999	<input checked="" type="checkbox"/>	<input type="checkbox"/>
98202139.6	EP	26 June 1998	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input checked="" type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Serial No.	Filing Date	Application Serial No.	Filing Date
I hereby claim the benefit under Title 35 United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35 United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:			

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

As named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Atty Name	Atty Reg Number.	Associate Power of Attorney Attached [ ] Yes [X] No
Steven W. Miller	31,984	
T. David Reed	32,931	
Timothy B. Guffey	41,048	
Donald E. Hasse	29,387	
Brian M. Bolam	37,513	

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

100 Full name of sole or first joint inventor SELF, Peter Michael  
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Full name of fourth joint inventor, if any \_\_\_\_\_  
 Inventor's signature \_\_\_\_\_  
 Date \_\_\_\_\_  
 Residence \_\_\_\_\_  
 Citizenship \_\_\_\_\_  
 Post Office Address \_\_\_\_\_

Full name of fifth joint inventor, if any \_\_\_\_\_  
 Inventor's signature \_\_\_\_\_  
 Date \_\_\_\_\_  
 Residence \_\_\_\_\_  
 Citizenship \_\_\_\_\_  
 Post Office Address \_\_\_\_\_